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Bellevue Hospital Medical College,

City of New York. Second Annual Session 1862-3.

FACULTY.

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AUSTIN FLINT, JR., M.D., *Secretary.*

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R. OGDEN DOREMUS, M.D., No. 70 Union Place, Professor of Chemistry and Toxicology.
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ARTHUR A. SHIVERICK, M.D., Clinical Assistant to Chair of Principles and Practice of Medicine.
A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.
EDWIN A. WARE, Bellevue Hospital, Janitor.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCready; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

During the whole of the Session the Student will have the opportunity of attending, at least, two Clinical Lectures daily. In addition to these, during the regular term, three Didactic Lectures are given on every week-day, except Saturday. The Didactic Lectures are so arranged as not to interfere with attendance in the Hospital wards. Ample time is allowed for accompanying the Visiting Physicians, Surgeons, and Obstetricians in their daily rounds, attending clinical lectures, witnessing surgical and obstetrical operations, and following private courses, without compromising in any degree the regular didactic instruction. Clinical and Demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the Student to the fullest extent.

All the Lectures in this College are given either in the Hospitals or in the College building, situated within the Bellevue Hospital grounds.

The BELLEVUE HOSPITAL receives annually from TEN to TWELVE THOUSAND PATIENTS, the average number of cases constantly under treatment during the winter being from EIGHT to TEN HUNDRED. Cases of all descriptions, excepting only the eruptive fevers, are received. The annual number of births in the Hospital is about FIVE HUNDRED. The BLACKWELL'S ISLAND HOSPITAL, under the charge of the Medical Board of Bellevue Hospital, contains usually about ONE THOUSAND patients, a large proportion being affected with chronic diseases. This Hospital always contains several hundred cases of syphilis.

In addition to the immense field of clinical instruction afforded by these hospitals, the student may avail himself of other resources for practical instruction contained in the great metropolis.

Practical Anatomy, amply provided for by law, may be prosecuted to any extent and without expense.

Twenty-two resident Physicians and Surgeons are annually appointed on the recommendation of the Medical Board of the Hospital, after an examination, and receive a salary adequate to their support.

The fees for all the tickets for the Session amount to $105. Tickets for one or any number of the seven departments of instruction may be taken out separately. The matriculation fee is $5. The graduating fee is $30. No additional fees are required for hospital tickets or anatomical material. Students who have attended two full courses in other accredited schools receive all the tickets for $50, exclusive of the matriculation fee. Students, after two full courses in this College, or who have attended one full course in this college, and one full course in some other accredited school, are required to matriculate only. Graduates of other schools, after three years, are required to matriculate only. Prior to the expiration of three years, they receive a general ticket for $50.

The requisites for graduation are the same as in other Colleges of this State.

Comfortable board and lodging may be obtained for from $3 to $5 per week. The *necessary* expenses at attending a course of lectures need not exceed $200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Geneva Medical College.—The Ses-

sion of 1862-63 will begin on Wednesday Oct, 1, 1862, and continue sixteen weeks.

FACULTY.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Professor of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.
GEORGE BURR, M.D., Professor of General and Special Anatomy.
NELSON NIVISON, M.D., Professor of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
_____, Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.*
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, payable in advance.—Matriculation, $3. Tickets for the whole Course, $50. Graduation, $20. Demonstrator's ticket, $8. Anatomical material, $5.

Special attention paid to Military Surgery, etc.

Further information may be obtained by addressing

J. TOWLER, Dean of the Faculty, Geneva, N. Y.

* R. Stone, M.D., will perform the duties of this department.

Medical Department of the University

of Michigan—Session 1862-63. The Lectures in this Medical School will commence on the 1st day of October, and continue until the last Wednesday in March.

REV. HENRY P. TAPPAN, D.D., LL.D.
President of the University.

Officers and Members of the Medical Faculty.
Dean, SILAS H. DOUGLASS, M.D.
Secretary, ALONZO B. PALMER, M.D.

ZINA PITCHER, M.D., Emeritus Professor of the Institutes of Medicine and Obstetrics.
ABRAM SAGER, M.D., Professor of Obstetrics and Diseases of Women and Children.
SILAS H. DOUGLASS, M.D., Professor of Chemistry, Pharmacy, and Toxicology.
MOSES GUNN, M.D., Professor of Surgery.
ALONZO B. PALMER, M.D., Professor of the Theory and Practice of Medicine and Pathology.
CORYDON L. FORD, M.D., Professor of Anatomy,
SAMUEL G. ARMOR, M.D., Professor of the Institutes of Medicine and Materia Medica.
HON. THOMAS M. COOLEY, Professor of Medical Jurisprudence.
ALFRED DuBOIS, M.A., Assistant Professor of Chemistry.
WILLIAM LEWITT, M.D., Demonstrator of Anatomy.
PRESTON B. ROSE, M.D., } Assistants in the Chemical Department.
JOHN W. LANGLEY, B.S., }

FEES.

Matriculation (paid but once)	$10 00
Incidental Expenses	5 00
Demonstrator's Ticket (for those studying Practical Anatomy)	3 00
Graduation Parchment	3 00

The Professorships being supported from the Public University Fund, Tuition is *gratuitous.*

For further particulars inquire of the Dean, Ann Arbor, Michigan.

Dr. Davis's Institute.—Corner of

37TH ST. AND MADISON AVE., NEW YORK.

This Institution is established for the purpose of carrying out in the most appropriate manner, the Treatment introduced by the undersigned for Diseases and Injuries of Joints, including *Old Dislocations* and Deformities.

The principles of his treatment, its benefits, and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision, are too obvious to all medical men to require elucidation. Indeed the, Institute is established in compliance with frequent requests of physicians as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained on applying to

HENRY G. DAVIS.

Clinical Observations.—Observations

Recorded at the Bedside, with Commentaries, by W. T. Gairdner, M.D. 8vo. Edinburgh, 1862. $5.00.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Original Lectures.

LECTURES ON NEW REMEDIES AND THEIR THERAPEUTICAL APPLICATIONS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL.
By SAMUEL R. PERCY, M.D.,
PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS.

LECTURE IX.

OLEUM TIGLII.—CROTON OIL.

GENTLEMEN:—This substance is obtained from the fruit or seeds of a small tree, the Croton Tiglium, growing in Ceylon and the East Indies. There are three seeds in each fruit capsule, each about the size and shape of a small castor-oil bean, but they differ much in appearance from the castor-oil bean, being of a nut-brown color externally, and when this downy covering is rubbed off, showing a blackish shell underneath. When this shell is cracked, a kernel is found within, of a light brown color, and possessing no odor. The taste of the kernels is at first not very unpleasant, but the after-taste is acrid, unpleasant, and burning.

The oil is obtained by expression from the seed. There are two varieties in the market: that obtained directly from Ceylon and the East Indies, and that prepared by expression from the imported seeds in London. There is no croton oil prepared here.

The foreign or East India croton oil (oleum crotonis exoticum) is of a pale yellow color, transparent, and nearly of the consistency of castor oil. If equal volumes of this oil and pure alcohol of sp. gr. 0·798 are shaken together, the mixture becomes opaque and milky, the oil is not dissolved; but if heat is carefully applied the mixture becomes transparent, showing that the oil is soluble in hot, but not in cold alcohol. If this hot solution is allowed to stand for several hours, and become cold, it separates into two strata, the lower of which consists of the oil which has increased in volume by the absorption of a portion of the alcohol, and the upper containing the alcohol, which is somewhat lessened in volume.

The English croton oil (oleum crotonis Anglicum) is of a much darker color than the foreign, being of a reddish or chestnut-brown color. If equal volumes of this oil and of alcohol of the sp. gr. above mentioned, are shaken together, we have a uniform transparent mixture, which does not separate upon standing, unless exposed to a low temperature; the same separation then takes place as with the foreign oil, and with the same absorption of a portion of the alcohol.

Many theories have been advanced regarding the different behavior of the oil from these two sources, but as yet no satisfactory reasons have been given.

Many chemical investigations have been made to ascertain to what particular principle in the oil the cathartic property is due, and these investigations have been chiefly made in Europe with oil freshly expressed from the seeds. Dr. Schlippe (Annalen d. Chem. und Pharm. CV.) ascertained that the peculiar acid principle of the oil, crotonic acid, possessed neither purgative nor caustic properties, but that the peculiar odor of the oil was due to the decomposition of this acid. The caustic or pustulating property he found to reside in a resinous body, which is called *crotonole*, but this crotonole had no purgative action. He could not isolate the purgative principle.

He obtained the crotonole or pustulating principle in the following manner:—Croton oil is agitated with a sufficient quantity of an alcoholic solution of soda, to form a milky fluid; this is gently heated for some hours, and then, by the addition of water, or of solution of chloride of sodium, the milky oil particles are driven to the surface, where they unite to form a continuous oily stratum. This fatty oil is entirely got rid of by repeated filtration through a moist filter. From the filtrate, water and muriatic acid separate another oil, which is dissolved in cold alcohol, and mixed with fresh hydrated oxide of lead; by this means a flocculent precipitate is formed, which, towards the end, often coheres to form a slimy mass. When the acid reaction has entirely disappeared, a little soda and a large quantity of water are added, by which the fluid is first rendered milky, but afterwards divides into a clear fluid and a clear oil, which sinks to the bottom. To attain this, an addition of large quantities of chloride of calcium to the alcoholic solution was frequently indispensable. The oil then separated is washed with water for some time upon a moist filter, and then dissolved in ether; the etherial solution is agitated with water in a cylindrical glass, the clear etherial solution is drawn off, and freed from ether, in a capsule in vacuo. The *crotonole* remains as a tenacious mass, resembling turpentine. It is colorless, or of a slight yellow color. The odor is weak and peculiar. In its properties it most closely approaches the alcohols. Croton oil obtained by pressure contained 4 per cent. of this crotonole.

That croton oil is not homogeneous in its composition is proved by the experiments of M. Dublanc. He sought to extract the acid principle from the oil, and with this view he agitated one part of oil with ten of alcohol, and allowed it to stand for some time. The alcohol dissolved six per cent. of the oil, and with it the acid, the coloring matter, and a part of the pustulating principle. The undissolved oil had taken up a considerable portion of the alcohol. On separating the oil dissolved in the alcohol, it was more viscid, pungent, and acid than the original oil. On the other hand, when the portion of oil not dissolved by the alcohol is treated three times with alcohol, its volume is diminished, and it becomes entirely free from acrimony, and it may be taken in the mouth without producing any unpleasant local symptoms. It is soluble in all proportions in ether, and has a sp. gr. of ·92.

That portion of oil soluble in alcohol, when applied to the skin, causes almost instantaneous pain, and is soon followed by a blister.

On the Detection of Croton Oil in Mixtures.—In searching for a ready method for proving in oily mixtures the presence of croton oil, Prof. Maisch availed himself of Schlippe's researches, who, as we have before mentioned, without being able to discover the cathartic principle, found the rubefacient ingredient *crotonole* to be a resinous principle, which, together with other resins and free acids, is removed from the oil by agitation with an alcoholic solution of caustic soda, and then separated by neutralizing the solution with hydrochloric acid. Prof. Maisch followed strictly these directions, sometimes substituting for soda, caustic potassa, and sulphuric for hydrochloric acid, with the same results. Experimenting first with mixed oils, containing from one-eighth to one-tenth of croton oil, he afterwards operated with olive and almond oil, containing one drop to the ounce. The quantity of caustic potassa he regulated according to the amount of croton oil, or, if unknown, in accordance with the effects of the oil upon the skin. For oils insoluble in alcohol he used 85 per cent. alcohol, adding to it a sufficient amount of an alcoholic solution of caustic potassa, and agitated well. After separation had taken place, the alcoholic liquid was removed, and an equal amount of water added to it, and a sufficient quantity of sulphuric or muriatic acid. Soon an oily liquid rises to the surface, which, when applied upon the arm, produced, in the course of three or four hours, not only inflammation but also the pustular eruption peculiar to the action of croton oil. If the quantity was small the acidulated liquid was shaken with strong ether, the ether evaporated, and the residue applied.

For castor oil, and in the presence of volatile oils, he employed dilute alcohol, mixed with an alcoholic solution of potassa, and omitted the dilution of the decanted alcoholic liquid. The results were equally satisfactory;

and in this manner he detected croton oil in the so-called castor oil capsules. Croton oil may be detected in pills and emulsions in the same way. These preparations are first exhausted with ether, and the residue from the evaporation of the ether is employed.

Physiological Effects—on Animals.—In moderate doses croton oil acts as purgative, in larger doses it acts as a drastic hydragogue cathartic. In some animals, as the dog and cat, in full doses it produces nausea, vomiting, hypercatharsis, and pain in the intestines. Injected under the skin it acts more promptly and more violently, and the spot where the injection is made becomes very sore, and frequently sloughs. Injected into the veins a very small quantity acts as a powerful cathartic and emetic in a very short time, and if the quantity injected is large death ensues.

On Man.—If given in the dose of one or two drops, unmixed, it occasions an acrid burning ta te in the mouth and throat, and if it has been allowed to remain for any length of time upon the lips they swell and become quite sore; in one or two hours it acts upon the bowels as a drastic purgative, causing three or four copious watery evacuations. In larger doses it produces nausea, vomiting, and hypercatharsis, and if the dose has been excessive, gastro-enteritis. When rubbed upon the skin it produces a peculiar pustular and vesicular eruption.

Medicinal Uses.—From the energy and celerity with which croton oil acts it is a valuable agent in removing accumulations within the bowels when such have not been produced by inflammatory action. In coma, apoplexy, and in cases where speedy and powerful catharsis is necessary, and in cases where from loss of consciousness a person cannot swallow a large dose of medicine; or in mania, where the patient frequently will not swallow anything in quantity, croton oil, from the smallness of the dose, and the ease with which it is administered, is especially serviceable. Whether in adults or children, in any disease where a powerful and speedy cathartic is needed, either to act directly upon the intestinal canal and remove accumulations, or to act as a counter-irritant to relieve other organs, croton oil will be found very serviceable. But in all these cases it needs to be administered with caution, as in overdoses it produces serious gastro-enteritis.

Rubbed upon the skin croton oil produces rubefaction and pustular eruption, and with this intent is used to relieve diseases of internal organs by producing counter-irritation. For this purpose it is most frequently used in diseases of the air passages, as in laryngitis, bronchitis, and pneumonia. It has been highly recommended in this way in rheumatism and neuralgia, but so far as my experience goes it should seldom or never be used in these diseases, as the amount of benefit derived is always doubtful and the suffering of the patient greatly augmented. It has been applied in this way over the abdomen to produce catharsis when medicines are rejected from the stomach, but I have never known it produce purging when applied in this way, and I conceive it to be a cruel and unnecessary suffering to the patient. To produce pustulation it is rubbed in with the finger or a piece of soft flannel or buckskin upon the part where pustulation is required, the friction being continued for ten or fifteen minutes; care should be taken not to extend it beyond the bounds required, as it nearly always spreads more than is necessary. The pure oil is sometimes used, at other times it is diluted with either castor or olive oil. If it is desirable to avoid the spreading of the pustulation it may be readily prevented by covering the parts desired to be protected by collodion.

Dose.—Croton oil may be administered to adults in doses of one to two drops as an active purgative, and as a milder aperient in doses from one-tenth to one-half drop. To children it is required in rather larger proportionate doses.

Mode of Administration.—The most preferable form of administration is in pill, because in this form it may be taken without taste and without irritation in the mouth and fauces. The proper vehicle for forming it into pilular form is dried and powdered soap; if a proper quantity of this be taken and the oil dropped upon it pure, manipulation in the mortar will form it into pill mass. It should always be made fresh, as by keeping it in this way the oil soon becomes rancid Although in pill form it acts more rapidly, still it acts more harshly than when given diluted with castor oil, or when given in alkaline emulsion. My favorite way of administering it is to rub up the desired quantity with a small quantity of sugar so as to divide it thoroughly, then dilute liquor potassæ is added, adding three drops of liquor potassæ in a drachm of water to each drop of oil This is well rubbed together until the oil is partly saponified, then half an ounce of almond emulsion is added and the whole flavored with the essential oil of bitter almonds. Castor oil capsules and jelly are made which owe their activity to a small quantity of croton oil.

Original Communications.

THE DISTINCTIONS
BETWEEN A VIRUS AND A POISON.

By W. H. THOMSON, M.D.,

MEDICAL REGISTRAR OF BELLEVUE HOSPITAL, AND STATE MEDICAL INSPECTOR.

[Read June 2d before the N. Y. County Medical Society, and published at its request.]

(*Concluded from page* 161.)

We think we have adduced enough to show that whatever viruses may be, they cannot be justly classed with poisons. A negative demonstration is sometimes, in medicine, a great advantage, second only to positive discovery, for little else has delayed medical progress so much as the confounding together of entirely distinct morbid processes. Certainly virous diseases present a great many phenomena, which are wholly peculiar to them, and as we have shown, they are not simply distinctive characters, which may serve to difference them from other diseases, but they are the very essence of the diseases themselves; and as none of them enter into the constitution of other maladies, least of all in the processes of poisons, viruses must therefore form a class by themselves. And what an interesting class it is! Repeatedly have the nations trembled at these Messengers of Death, as they issued from the Gates of the East, on a westward march which none could hinder or stay; and at every turn, wherever we meet our fellow men, we may encounter some one of these fearfully potent agencies, causing, like the agents of human contests, the greater destruction in the greater crowd. The question, what is their real nature? can be surpassed by none in importance, in the whole range of medical science. Unfortunately, when we begin to essay its answer, it is no longer like proving what they are not; for we so far can have recourse to speculation only, though in this we have very many elements of presumptive evidence. In the first place, we think there is very strong ground for recognising in the essentials of viruses, the characters of organic life—a period of germination, then a period of development or growth, and then a period of reproduction, evidenced also in their capacity of self-propagation; and we should like to listen to an explanation of any one of these successive elements of viruses, by a pathologist who holds them to be mere physical agents like poisons. Again, viruses are affected in their development by variations, often inappreciable to our senses, in their soil, climate, and season, as only organic growths are. Thus we continually see in the vegetable kingdom the same seed showing every degree of development, owing to causes which are more often unknown than known—thousands of seeds never coming to anything, others growing most luxuriantly but a few feet from where they are small and dwindling. One year, the crop is great, the next season it is every way inferior; while the same plot which brought forth abundantly in one month will not yield a blade in

another month; and still further, the same soil will refuse to yield any more of a product for which it once was famous. We need not repeat the characters of viruses in close analogy with all these familiar facts. Ever since viruses have been observed at all, their variations of type and season; their irregular development in different constitutions; their failure to develop at all in others; their general indisposition to develop in the same soil again, have been observed and noted with wonder. In the same epidemic also, the cases at the height of the epidemic are more violent than at its decline, just as the last of any crop are the poorest always. The single remarkable fact, that it is their rule to occur but once in the same system, would by itself make us suspect that we were dealing with nothing simply physical or chemical; for it is inconceivable why such will not always act, just as arsenic will inevitably act at any time and anywhere, in July and December, in Calcutta or London. But in *growths*, analogies with these peculiarities are frequent enough, for the exhaustion of some one ingredient which the most careful chemistry often cannot discover, suffices often to prevent a reproduction of the same seed in the same soil where it had grown before. The forms of vegetable life are often limited to certain climates, hemispheres, countries, and small localities; and similarly certain virous diseases are like the plague, which never crossed the meridian from the Persian Gulf to the Caspian Sea on the east, or the longitude of Tangier on the west. Others again are found only in Arabia, or Poland, or India, or even in certain towns only, as the strange ulcer of Aleppo, which we have ourselves witnessed.

The question then arises, if we admit the relationship of viruses to the living organic kingdom, under what division of that kingdom should they be classed? Do we find any great family of organisms to whom we can ascribe such undesirable connexions as the tribe of viruses? We think there is one, and only one, but it is one that answers all our requirements, for its spread is so universal, multiform, and diffusive, that we would a priori have looked for some one of its myriad subdivisions as given to entering animal bodies and then multiplying at such a rate, as to cause the most serious complications. Let a drop of pure distilled water be but preserved long enough from evaporation in any part of the world, where it will not freeze, and in a very few hours it will be filled with all manner of shapes and forms of a vegetable life, all of whose infinite varieties have been lumped together as fungoid growths. When the microscope first revealed this new world, it seemed as if it could be accounted for only by spontaneous generation; but no respectable authority maintains that hypothesis now, although the contrary obliges us to believe that we must inspire untold millions of living germs with every breath we take, and swallow corresponding growths with every drink. Then to calculate how many of the *seeds* of these things there must be in a single inspiration, if those that develop are in the same proportion to those that do not, as in other vegetable forms, would require a line of figures as amusingly incomprehensible as the miles of astronomy. But we are not left to conjecture, that some of these forms may be the causes of the destruction of other living forms. Repeatedly do epidemics of fungoid growths suddenly overrun countries and continents, generally from the East, to the great damage of mankind in all their valued crops. Mildew and rust, the great potatoe disease, and latterly, the vine oidium, of a few years since, which not only desolated the vineyards of Asia and Europe, but without appearing to develop in them to the naked eye or microscope, yet caused nearly every form of fruit to be sickly and dwindling, are proofs enough that new species of fungoid growths can arise to the destruction of other forms of life. But we have proofs besides of *animal* organisms being destroyed by the development of fungoids which we can see for ourselves sometimes, and sometimes with the microscope. The price of silk is as often affected by the appearance of a fungous epidemic in the growing silkworm as is that of flour by a fungus in the growing wheat stalk. The common housefly frequently gives up the ghost for the same reason, and can be seen turned into a bed of beautiful fungoids. Now, it is a suggestive fact, to answer an objection liable to arise, that the microscope has failed to reveal fungi, any more than animalcula in virous diseases, that the initial stages of these very fungoid diseases of plants and animals which become *finally* palpable, are wholly invisible. The sporules of some huge mushrooms even, have never been discovered. Now, considering how infinitely varied are the forms of these low vegetable organisms, does not analogy favor the hypothesis that there are fungoid growths, finding their conditions of development in animal bodies, which are invisible in *all* their stages, just as all but the *concluding* stages are invisible in many fungi that are causes of disease to other organisms? A vast number of these fungoid growths are developed in fluids, in the various processes of fermentation, but which all have a hidden period of "incubation" in these fluids, during which, unseen, they are causing the greatest chemical changes in them, until finally the cryptogamous plant reappears, multiplied thirty fold, and with each of its million sporules endowed with the capacity of working the same changes in the next similar fluid into which it may fall.

Another peculiarity in these low forms of vegetable life, is a remarkable facility of altering their forms and characters (and therefore the effects which they may produce), from difference in their soil and habitat. Thus no one, before Mr. Lowe demonstrated it by actual experiment, would have suspected that the Achorion Schönleini of the favus disease was the same product with the totally different looking aspergillus glaucus of yeast. But Mr. Lowe transplanted the former from a scald head to a piece of dough, and it went through its stages of growth with greatly accelerated rapidity over its progress on the scalp, and finally turned out a true torula cervisa. Now, this affords a very interesting analogy to a remarkable fact in the great type of virous diseases, which fact by itself should suffice to make us suspect we were dealing with an agent entirely distinct from a poison. The rank and deadly variola transferred from the human system, where it develops with disastrous energy of growth, to the system of a cow, becomes transformed by its new soil into the mild and trivial vaccinia, which runs a much shorter and less tumultuous course. But though its new habitat has altered many of its most prominent features, it still retains its identity with variola, as it leaves the same specific life impress upon the system.

But this capacity for change of form and properties, by changes of the condition of growth in fungoids, offers us a very plausible explanation of a great fact in viruses, which no other theory even attempts to explain. The lower the vegetable forms, the greater the facility of generating *new species*, by bringing together old forms under new conditions. But this principle obtains even in the higher orders of plants, and horticulturists, by taking advantage of it, are continually bringing forward new varieties of flowers and fruits. Now, it seems almost certain that through the continual working of this principle, new forms of fungoid growths are coming into existence all the time, some to be permanent perhaps, but the vast majority to soon give place to others. Some of these new forms may have capacities for multiplying in directions, where the original ones could not grow at all—a familiar fact in higher vegetable forms than fungoids. Now, hardly any one doubts that this is the true explanation of the origin and prevalence of all the *vegetable* epidemics of history. The potato disease did not begin till a certain date and in a certain quarter, and then it coursed in every direction where it could find potatoes. Did any philosopher arise to demonstrate that this new disease was begotten by the action of the rain and sun upon the manure of potato fields? The answer, which he could not answer, would have been, why then did not the Irish famine occur in 1827 instead of 1847? So we may ask, if Typhoid Fever is generated by dirt, why did it not prevail in Constantinople before the French

soldiers came to the Crimean war? Why does it not prevail in Damascus now—for it does not to our personal knowledge—and yet, would that a great Sanitarian could be sent to investigate the dirt of those cities, venerable piles as ancient as those of the Pharaohs.

We will say, in conclusion, that it has appeared to us that one reason that the cause of virous diseases has not been sooner discovered is, that with all theorists they seem to be regarded as exclusively *blood* diseases, while to us it seems as if the blood was on the whole the freest from them of any part of the system. Analogy with fungoid growths would lead us to fix upon the *tissues*, especially the outer ones, as the seat of their development, and so we find the great majority of them develop in the epithelial structures, the skin, and mucous membranes. The fact also that the lymphatic system, which takes its rise in the tissues, is almost always first affected, points in the same direction; and on this account, not to mention others, we cannot accept Liebig's theory that they are owing to a blood fermentation.

We have no opportunity, from having already drawn so largely on the time of the society, to more than indicate the important bearing that our views of the pathology of virous diseases must have on our treatment; for if the morbid conditions of these diseases are the results of an animal *poison*, we should treat them so, by antidotes if possible, but as that can rarely be the case, by promoting their elimination by evacuants or eliminatives. On the other hand, if they are the results of a process of *growth*, we have a wide field yet to investigate whether we cannot beneficially modify these growths, as in vaccinia, or when they come out on the surface about them, as variola pustules with nitrate of silver, or else dwindle their growth by charging the system, if practicable, with agents whose presence we know to be unfavorable to fungoid life, as mercury, muriatic acid, chlorine, creasote, or the sesquicarbonate of ammonia. Oils, in great contrast with sugars, are very unfavorable to fungi, and we have questioned whether the comparative freedom of the ancients from these diseases may not have been owing to the ancient practice of daily inunctions. Certainly in many of the eruptive virous diseases, daily inunctions are very beneficial. At least, if they are growths, we can soon learn their stages of growth, and therefore watch the times of the greatest danger, or the most likely conditions to favor complications.

78 W. 47th st.

REPORTS ON

SOME RECENT IMPROVEMENTS IN MATERIA MEDICA AND THERAPEUTICS.

By EDWARD H. JANES, M.D.,

OF NEW YORK.

VI.

ANILINE.

As this artificial alkaloid has recently been brought to the notice of the profession as a remedy of some merit in the treatment of chorea, a brief account of its history and properties, together with its physiological and therapeutical action, may not be altogether uninteresting to the readers of the Medical Times.

Aniline was discovered by Unverdorben in the year 1826, among the products of the dry distillation of indigo, and hence its name derived from the specific name of the indigo-plant (*Indigofera anil*). In 1837 Runge first announced the existence of three volatile bases in coal tar, which he named kyanol, leukol, and pyrrhol. Kyanol was afterwards demonstrated by Hoffman to be identical with aniline, and its extraction from the liquids that distil at a high temperature from coal tar has since been a fruitful source of its supply for industrial purposes. From these oils distilling at 150° to 250° C. aniline is obtained in the greatest quantity. The process, however, is an exceedingly complicated one, and those who are curious for information on the subject are referred to the *American Journal of Pharmacy*, March, 1861, or to the *London Chem. News*, Sept. and Oct. 1860. A more simple method, and one by which large quantities of aniline may be obtained, is its artificial preparation by the reduction of nitro-benzole. This is done by the action of sulphide of ammonium on the alcoholic solution of nitro-benzole, or by the action of nascent hydrogen, acetate of iron, or a hot alkaline solution of arsenious acid. The latter method (Wöhler's) has the advantage of the others for brevity, and is as follows: a solution of arsenious acid in a strong ley of caustic soda is placed in a tubulated retort, heated to the boiling point, and the nitro-benzole dropped in, and is at once transformed into aniline which distils over, and by saturating it with an alcoholic solution of oxalic acid pure oxalate of aniline is obtained. When pure, aniline is a colorless, oily liquid, astringent, has an aromatic odor, and an acrid burning taste. It is slightly soluble in water, and very soluble in alcohol and ether. It boils at 360° F. and does not freeze at —4°. It forms salts with acids. It decomposes the salts of iron, zinc, and alumina, precipitating the oxides. It precipitates the chlorides of mercury, platinum, gold, and palladium.

The physiological action of aniline has been the subject of experiment by Dr. Schuchardt, from which we learn that frogs introduced into a weak solution containing aniline, died in periods varying from a quarter of an hour to two hours and a half, and death was caused by introducing aniline into the mouth, or into a wound in the back. A small rabbit was killed by fifty drops in six hours and a quarter, and one hundred drops killed a large one in four hours. All of the cases were attended with violent clonic and tonic spasms, a loss of sensibility, commencing at the lower extremities and extending to the upper, and a reduction of the temperature of the body. It is not detected in the urine, but is probably eliminated from the body by the organs of respiration. A case of poisoning is published in the *Med. Times and Gazette* by Samuel Knaggs, Esq., caused by the man's breaking a carboy filled with aniline, spilling the contents over him and on the ground. None got into his mouth, but the fumes were freely inhaled as he spent some time in endeavoring to remove all traces of the accident. Mr. K. was called in the evening, and thus describes the case: "On entering his cottage I found him in bed, apparently at the last gasp. His face and whole body was of a livid, leaden hue; the lips, gums, tongue, and eyes of a corpse-like bluish pallor; he was taking a gasping breath, as I thought, for about the last time. I poured instantly two ounces of brandy down his throat, and then used cold affusion liberally with very good effect. After this I had his chest, legs, and arms covered with mustard plasters, and for three hours he took half an ounce of brandy every quarter of an hour, and at the seventh minute a strong dose of ammonia and chloric ether, whilst with every third or fourth inspiration I made him inhale strong ammonia." This plan was pursued throughout the night with little variation, and by morning his livid hue was fading and he was soon well. In this case there was no convulsion, he was perfectly sensible, and able to give a correct account of his feelings.

The sulphate is the form in which aniline has hitherto been prescribed, and may be prepared by several processes. Mr. Proctor recommended the following: Take of aniline 500 grains, sulphuric acid 250 grains, distilled water four fluid ounces. Mix the acid with the water, add the aniline, and agitate them together until a thick magma is formed and the odor of aniline has nearly disappeared. This is now washed with strong alcohol until the free acid and coloring matter are removed; then, having pressed the drained salt between the folds of white filtering paper, it is dried in the dark. If wanted in crystals the white pulverulent sulphate thus obtained is dissolved in boiling alcohol, which is allowed to cool slowly in a covered vessel in a dark place; the crystals, when formed, should be drained on filtering paper and dried in the dark. It may also be made by dissolving the aniline in two fluid ounces of alcohol 95 per

cent., then having mixed the sulphuric acid slowly with two fluid ounces of the same liquid, when cool add it to the solution of aniline. The sulphate thus formed is washed with cold, strong alcohol, pressed in bibulous paper, and dried in the dark.

Sulphate of aniline is described, when pure, as an odorless, colorless, crystalline salt, changing color and yielding the odor of aniline if exposed to light and air, and decomposed at a temperature above 212° F. Water at 60° dissolves about six per cent. of its weight.

Dr. James Turnbull, of Liverpool, published in the *Lancet* of Nov. 16, 1861, some account of his experience in the treatment of chorea with the sulphate of aniline. He was led to make trial of it from the fact of its being an alkaloid, from which he inferred that it would act energetically on the animal economy, and probably on the nervous system; and also from the fact of its being present in Dippel's animal oil—an old antispasmodic remedy, which Pereira says is undoubtedly a very powerful agent, having been used in hysteria and other affections of the nervous system accompanied with convulsive movements. Dr. Turnbull proceeds to relate six cases of chorea in which he had used this alkaloid successfully; the first of which is as follows:

"Ann P——, a girl aged thirteen, was admitted into Liverpool Royal Infirmary under my care on the 7th of June, 1860, on account of the most involuntary twitching movements which characterize St. Vitus's dance and which affected all the limbs. She had been ill for three months. She was first treated with purgatives, and then successively with iodide of iron, cod-liver oil, the shower bath, which is often of great service, and, lastly, with sulphate of zinc. None of these remedies, however, appeared to be of any use. On the contrary she got worse, and the violence of the convulsive movements became so great that she was confined to her bed, in which it was a difficult matter to fasten her. She also lost the control of the muscles of the tongue so completely that she was unable to speak. On the 6th of August, two months after admission, and five from the commencement of her illness, the movements had become so constant, tossing her about in all directions, that they threatened to exhaust the vital powers, as sometimes happens in this singular disease; and I thought the case, therefore, a fit one, after having used the ordinary means, to make trial of a new remedy. One grain of the sulphate of aniline was ordered to be taken in solution, with a little sulphuric acid, three times a day. In three days there was a decided diminution in the violence of the movements, and afterwards a gradual improvement. The dose was increased to two grains, and it then caused some depression and a peculiar blueness of the lips, which I have since remarked in several other cases. The medicine was omitted for two days and resumed in the smaller dose. On the 30th of August she had so far recovered that she could walk well. She had also regained the control of the muscles of the tongue, so that she could put it out, and she had recovered her power of speech. On the 10th of September she had entire control of her limbs. They were almost perfectly still, and she was considered cured."

The second case was that of a young woman aged eighteen, who had not menstruated for twelve months, was constipated, and all of the limbs were more or less affected with convulsive movements. The bowels were first opened with compound jalap powder and calomel followed with sulphate of aniline, one grain three times a day, afterwards increased to one grain and a half. She recovered rapidly, and afterwards the catamenia were regulated with decoction of aloes and steel mixture.

The third was a girl of seventeen, in whom the disease was brought on by a fright. The same treatment was pursued as in the other cases, which resulted in a cure in about fourteen days.

The fourth was a stout girl aged eleven, with twitching movements of nearly all the voluntary muscles, to whom the sulphate of aniline was given in doses of one grain and a half three times a day. For the first eight days there was no relief afforded, when a purgative was ordered, and the following day a double dose of aniline administered by mistake gave to the lips, face, and hands a deeper blue color than he had observed in any other case. There was a diminution in the movements, and she continued gradually to improve.

The sixth case is interesting as illustrating the connexion between chorea and rheumatism. The patient had previously suffered from a severe attack of rheumatic fever, and when admitted to the infirmary she had convulsive movements and partial loss of power of the lower limbs with inability to speak. After a purgative of compound jalap powder and calomel, one grain and a half of sulphate of aniline was ordered three times a day, when the involuntary movements began to subside. Her general health was improved by good diet and porter, and the remnant of her rheumatism was afterwards treated with quinine and iron. She got quite well. In all cases where a sufficient dose had been taken a peculiar blueness of the lips, tongue, and nails, and a dusky appearance of the countenance were observed. In one case where an overdose of three or four grains was taken the blueness of the hands extended above the wrists. This fact may prove of interest in serving as a guide to the proper extent of administering the remedy. The discoloration here noticed, unlike that produced by the administration of nitrate of silver, disappears soon after the medicine is discontinued, and is supposed to be due to the sulphate of aniline being oxidized in the blood and producing a blue dye, and is best seen in parts provided with a thin mucous covering, as lips, tongue, etc. The success attending its employment in the treatment of chorea has suggested to some its use in other nervous affections, as epilepsy, spasmodic asthma, catalepsy, etc., all of which present a good field for investigation, and one in which the remedy would seem worthy of a trial.

Reports of Hospitals.

NEW YORK HOSPITAL.

I. DISLOCATION OF ASTRAGALUS OUTWARDS, WITH FRACTURE OF THE EXTERNAL MALLEOLUS.—II. URINARY CALCULI REMOVED THROUGH AN ENLARGED URETHRA.—III. AMPUTATION OF ARM FOR INCISED WOUND OF WRIST.—IV. GUNSHOT WOUND OF THIGH; AMPUTATION.—V. STRANGULATED UMBILICAL HERNIA; OPERATION.

[Reported by F. D. STURGES, M.D., House Surgeon.]

I.—*Dislocation of Astragalus outwards, with Fracture of the External Malleolus.*—E. H. Lord, æt. 25, a native of N. Y., a salesman by occupation, was admitted during the service of Dr. Halsted on the 7th of September. The patient, just previous to admission, received an injury of the right ankle by jumping from a car while it was moving at a pace hardly as fast as a person would naturally walk: the platform from which he alighted was not more than three feet from the ground.

On examination, nine hours after the accident, the right foot was found adducted on the leg almost to the degree seen in varus, the sole of the foot looking somewhat inwards and its inner edge upwards. The fibula could be traced near its extremity, where it terminated in an abrupt sharp edge, from which it would appear that the summit of the bone had been torn off. Anterior to the malleolus the head of the astragalus was felt prominent, with the skin tightly stretched over it. The tibia could be traced down to the inner malleolus, where the bone was so deeply buried as not to be distinguished throughout its whole extent. An abrupt bony edge was felt immediately below it anteriorly, which corresponds to the posterior edge of the navicular bone. Posterior to this, and separated from it by a depression, was another bony spur, which corresponded to the process of the os calcis. There was considerable swelling present. Under the influence of ether the motion of the

foot and leg laterally was quite free; no crepitus could be felt in the examination. Between the posterior edge of the internal malleolus and the tendo-Achillis, the thumb could be pressed into a deep depression.

Reduction.—While extension was made by seizing the foot above the heel and over the instep, and counter-extension kept up above the ankle, Dr. Halsted, with thumbs applied over the head of the astragalus, passed it back and into its place. The parts then resumed their natural relations. The inner malleolus was found entire, while the separated extremity of the outer malleolus could be distinctly felt and moved about under the thumb and fingers. The limb was put up in lateral profile splints, and an evaporating lotion applied.

II.—*Urinary Calculi removed through an enlarged Urethra.*—Kate Connor, æt. 50, a native of Ireland, stated that ten years ago she began to suffer from attacks of pain, which, starting from the left side, extended to the bottom of the pelvic region, being most intense in the bladder. About three years ago, and during one of these attacks, while seated in a warm hip-bath for its relief, a calculus, as large as a small butternut, escaped from the bladder. For some time previous to this occurrence she had had a great deal of pain following micturition, the desire for passing her water being almost constant. Not unfrequently, while in the performance of this act, the stream would be suddenly stopped. From the time of passing this stone the pain in the pelvis and bladder were very much relieved, until last June, when they again appeared, and continued to distress and annoy her up to the time of admission about two months after. On the 6th of August Dr. Halsted introduced a female sound, and found that the cystic extremity of the urethra was nearly if not quite occluded by a hard and rough substance. A diagnosis of urinary calculi was made, and a consultation was called with a view to decide upon an operation. The surgeons agreed to the utility of such a procedure, and the necessary preparations were made. Previous, however, to commencing the operation, Dr. Halsted, having satisfied himself as to the unusual capacity of the urethra, resolved to attempt the removal of the bodies, if possible, without recourse to incision. He accordingly passed up a stone forceps through the urethra into the bladder, and removed without difficulty six large calculi, varying in size from a small chestnut to a small butternut. The patient, with the exception of a slight attack of diarrhœa and incontinence, which, however, lasted only a few days, recovered rapidly, and was discharged cured on the 1st of September.

III.—*Amputation of Arm for Incised Wound of Wrist.*—Timothy Moore, æt. 25, engineer, was admitted July 9th, in the service of Dr. Parker, having a short time previously received an injury by falling down a gangway, and striking his hand on the edge of a drawing knife. The wound thus inflicted was three inches long, commencing in the palm of the right hand, and extending into the wrist to the depth of an inch or more; there was considerable venous hæmorrhage. The wound was closed by sutures, and cold water was applied. The parts having swelled considerably, the sutures were removed on the 11th inst. On the 18th erysipelatous inflammation of the tissue of the forearm and lower portion of the arm began to show itself. On the 21st a large abscess formed in the cellular tissue of the forearm, and was opened, discharging a large amount of pus. The discharge continued gradually to increase, so that by the 6th of September the patient became so much exhausted that amputation was advised. This measure, however, the father would not consent to until the 8th. The operation was performed by Dr. Halsted at the junction of the middle and upper thirds of the arm by the circular method. The wound was closed by sutures, and cold water dressings were applied. The patient reacted well, and for a day or two promised to recover. On the night of the third day, however, colliquative sweats began to show themselves, and continued at longer or shorter intervals until he died on the 16th inst. exhausted.

IV.—*Gunshot Wound of Thigh, Compound Fracture of Femur; Amputation of Thigh.*—Alpheus Peaslee, æt. 23, Maine, private Co. I, 22d Mass. Vols., was admitted July 22, 1862 (Dr. Parker). Patient was wounded at Gaines Mills, June 27th, by a musket ball which passed through the left leg. On examination the ball was found to have entered the thigh in front, at the junction of middle with lower third, and passed out in the same region posteriorly. In its course it had produced a comminuted fracture of the lower portion of the os femoris. There was considerable discharge from the posterior opening of a somewhat unhealthy character.

Treatment.—Extension was applied by means of a weight and pulley. The limb was brought in a good position. Owing to excoriations, which showed themselves July 27th, along outside of leg, the extension was discontinued. General condition of patient much improved since admission. Discharge more healthy. About the 1st of Aug. the patient began to lose ground; there was considerable burrowing about the fracture, and the discharge, besides being increased, was sero-purulent. Nourishing diet and quinine were ordered; stimulus ad libitum. He continued to grow worse, and on the 10th of August was very much debilitated from the alarming amount of fetid discharge from the wounds. Aug. 13.—Patient more feeble, pulse 118 and compressible; vomits occasionally. Ordered injections of beef-tea, quinine, and brandy every six hours. On the 14th, a consultation being held, it was agreed to remove the limb, patient's condition being better than the day before. He was accordingly etherized and removed to theatre. Dr. Halsted performed the operation, removing the limb at a point about two inches above the junction of the middle and upper thirds. The tissues were found in a very unhealthy condition. There was a rather large amount of hæmorrhage (arterial and venous), despite the tourniquet and the manual means of compression. The pulses at the wrist ceased several times during the operation. Fifteen minutes after the operation, pulse 150 and scarcely perceptible, reacts very slowly. Ordered enemata of beef-tea and quinine every half hour, and brandy, amm. carbonas, and champagne pro re nata. Aug. 15th.—Patient gradually sank, and at half past two o'clock in the morning died.

V.—*Strangulated Umbilical Hernia*—Edward Buckinthal, æt. 48, Germany, saloon keeper, admitted August 26, 1862 (Dr. Halsted), stated that for ten years past he had been liable to umbilical hernia. The protrusion had frequently taken place, and until the present time has always been readily reduced. He had since its first appearance habitually worn a truss. Patient further states that on the afternoon of August 24th, while driving a spirited team of horses, the hernia suddenly made its appearance, and that as soon as he arrived home he used taxis as he had on former occasions, but was unable to reduce it. Professional aid was not procured until the morning of Aug. 26th, when taxis, under chloroform, was persevered in at one trial for an hour without effect. At 7 o'clock P.M., Aug. 26th, he was brought to this institution. On examination the tumor, which was of the size of a large orange, appeared to be an entero-epiplocele. No further efforts were made at reduction. He suffered considerably from pain and dyspnœa. The attending surgeons having arrived at 11 o'clock the same night, patient was etherized, and Dr. Halsted proceeded to operate. A longitudinal incision, four inches in length, was made over the pendent portion of the tumor, and on exploring the parts with the finger the aperture in the linea alba was found to be about three-quarters of an inch from the umbilicus, above and to the right of it. The contents of the tumor confirmed the diagnosis as to its character. The incarcerated parts were highly congested, though there were no appearances of mortification. The opening was extended a little at both ends, and the hernia readily reduced—edges of wound brought together, and deep sutures introduced, pads, straps, and body bandage applied. Aug. 27th.—Two hours afterwards, 1 A.M., reaction having taken place, the pulse becoming very rapid and full, the respiration hurried and difficult, a free opening was made in the

external cephalic vein, which bled, however, only about five ounces. Another opening was then made in a superficial vein on dorsum of arm, from which about five ounces more were drawn. Opium, gr. ij., were then administered, and opium, gr. j., every two hours, ordered. At 10 A.M., patient not appearing much better under its influence, opium, gr. j., every hour, was ordered. At 3 P.M., patient having come considerably under its influence, opium, gr. j., every three hours, was ordered. Respiration, 19; pulse, 85. At 10 P.M., patient is not so well, complains of abdominal pain; countenance anxious; respiration 33, and very labored; pulse, 116; ordered, opium, gr. j., every hour and a half, sinapism to chest, and cold applications to head. Aug. 28th. —8 A.M., patient rapidly sinking; pulse 120; respiration, 33; extreme dyspnœa; still conscious; continue treatment.

At 10 o'clock this morning patient died.

Post Mortem, held twenty-four hours after death, reveals acute peritonitis, with disorganization of the strangulated portion of omentum.

Progress of Medical Science.

PREPARED BY DR. P. F. C. DESLANDES.

THE DIAGNOSIS AND TREATMENT OF HYDATIDS OF THE LUNGS AND THE PLEURA IN CHILDREN.

(*Continued from* p. 147.)

In the second case, the character of the expectoration leaves one doubt as to the nature of the disease. Its long duration, and some of the functional symptoms, might have led us to believe in the presence of tubercular degeneration, or that the physical signs, localized at the lower part of the chest, denoted chronic pleurisy, with effusion. But as it has been said above, the matter expectorated, apart from the march of the symptoms furnished us, had a pathognomonic character; without carrying further a difficult investigation, we could ascertain, beyond doubt, the existence of a hydatid cyst of the thoracic cavity, a large bag which had long been emptying itself through the bronchial tubes. But what was exactly the seat of that bag, and what its origin? Was it an hydatid of the liver (the hepatic gland is, of all the viscera, the one in which these cysts are most frequently developed)—was it, I say, an hydatid cyst primarily formed in the liver, developed on its convex surface, and which, in its further increase, driving back the diaphragm and the lungs, had at last separated the muscular fibres, and penetrated the cavity of the thorax; and making its way through the pleuræ and pulmonary tissue, had reached the bronchi, where it had poured its contents, brought out afterwards by expectoration? The absence of symptoms from the liver, of disturbance of the digestive organs of the uterus; the normal volume of that organ as ascertained by percussion, and the palpitation, made me give up this idea.

Was the pleura the primary seat of this hydatid? It has been admitted, it is true, that there are cases where the bag has first formed in the pleural cavity and remained there, only pushing back the lung without invading the parenchyma. Perhaps it was so in the case of our little patient during the first period of the disease, when the concomitant physical signs had led to diagnosticate a pleurisy. However, hydatids are rarely primarily formed in the pleura; and although several cases which seem authentic have been reported, and amongst others, the first of Mr. Davaine, we are disposed to admit with that physician, that, in these cases, the mention of a cyst (and this mention is almost always made) authorizes us to doubt the formation of hydatids in the pleural cavity itself. Analogy would even lead us to think that, in the cases in question, the first origin of the acephalocystic tumor must be looked for in the extra-pleural cellular tissue, when the morbid product has not been formed in the pulmonary parenchymæ. But to determine this precise point of origin, we would require detailed cases with the opportunity of following the anatomical changes in their successive evolution, and these cases are wanting; moreover, the distinction is difficult even at the post mortem, when the tissue of the thoracic walls, the pleuræ, and the lungs, are adhering, and are confounded by the progress of the acephalocyst.

Let us add that the great frequency of hydatid cysts in the right lung and at the base of that organ, must lead us to think that intra or extra-pulmonary cysts arise often from the liver; this was as early as 1829 the opinion of Mr. Cruveilhier, who wrote in his remarkable article on acephalocysts:—"I am convinced that a large number of expectorated acephalocysts, of which there are many examples in authors, came from the liver." But here again the lacunæ in the anatomo-pathological description of the majority of cases, forbid us to decide if an hydatid bag referred to the pleura, because it has attained in this serous cavity its greatest development, and is not in reality a migrating cyst.

Had the hydatids, on the contrary, been formed in the pulmonary parenchymæ? Whatever may have been the starting-point, was there, at the time I made the examination, an extra-pulmonary hydatic bag, with driving back of the parenchyma, and formation of a pulmonary fistula through which the helminths had passed to reach the bronchi, or else was the cyst contained in the parenchyma itself, and had a development itself there; was it *intra-pulmonary?* I could not affirm to either of these two suppositions! However, the absence of stethoscopical phenomena, which I should have perceived at the time of the evacuation of the hydatids through the bronchi, the absence of the signs of which indicates the presence of a cavity in the lungs, which should have been present, since for months the patient has been expectorating remains of hydatic vesicles, made me inclined to diagnosticate an *extra-pulmonary hydatid.* We knew, indeed, that when hydatids of the thoracic cavity, situated outside of the parenchyma, driving the lungs before them, destroy it at last, and make their way to the bronchial tubes, adhesions are previously formed, and a fistula more or less oblique takes place. The obliquity and the narrowness of the fistulæ break, prevent the access of air in the hydatic bag after the evacuation of the hydatids, and consequently no stethoscopic phenomena are manifested, which may reveal the presence of the fistula, and of the cavity in which it opens.

The very large number of hydatic vesicles which were thrown up during the course of the disease; the distinct periods at which true *hydatic vomicæ* occurred, the stationary condition, and even the increase in volume of the humor in the ultimate period, notwithstanding those almost incessant evacuations, are so many circumstances, which would lead me to suppose that the intra-thoracic cyst was not unilocular; or at least that it was multilocular, and that the diverse critical periods observed during the course of the case corresponded to the successive rupture of several different vesicles (independently of the variable secretion of the liquid). This is a peculiarity to which enough attention, perhaps, has not been paid, and which deserves to be taken into consideration in view of the prognosis, and of the therapeutic indications, as is done for other varieties of cysts, and particularly for cysts of the ovaries.

If we wished to treat the interesting questions arising from our five cases, we would have to discuss the clinical appearances mentioned; to show, for example, that this *hydatic pulmonary phthisis*, so like tubercular consumption, that, in the case of our five patients, it was mistaken for it by two practitioners of the greatest merit, presents, however, in some cases, a peculiar character which might strike the *attentive physician.*

If we have an intra or extra-pulmonary hydatid tumor, having no communication with the bronchi, the physical signs will at first lead us to suppose the existence either of a solid tumor of the lung or of a pleural effusion. But a

more precise examination, the study of the commemorative signs, the consideration of the age of the subject, etc., will enable us, in some cases, to collect the elements of a differential diagnosis, the principal features of which have been indicated by M. Vigla. But after this elimination, the difficulty will only be put off; for we shall then have to establish whether the collection of liquid recognised be an hydatid cyst, or one of the diverse varieties of chronic effusions of the chest.

This will always be a problem, and so much more difficult to solve, that the two affections may be found united, or at least the hydatic bag containing sometimes enough liquid to be considered as a true effusion. However, if we carefully follow the steps of M. Vigla, it will sometimes be possible for us, taking into account the character of the dyspnœa, whose march is slow and progressive; of the extensive and persistent pain, of the peculiar and anormal kind of dulness corresponding to the tumor, of a certain irregularity in the development of the latter, and consequently of the unequal dilatation of the affected side; taking also into account the frequent absence of some stethoscopic figures, such as ægophony and bronchial respiration, and also the mode of its first appearance, some peculiarities of its ulterior evolution, etc.; it will be possible, I say, to form, in some cases, an almost certain diagnosis. Let us add lastly, that the existence of a collection of liquid into the thoracic cavity, whatever may be its more precise seat, being admitted and well established, there will generally no longer be any contra-indication to make an exploring puncture which would definitively settle the question.

In cases where an intra-thoracic hydatid has opened in the bronchi, and where there remains a bronchial fistula communicating with a lesser or larger cyst, there exists in reality a cavity in communication with the external air—since cough and vomiting expel the contents of the tumor. We should be able, then, to perceive the stethoscopic phenomena which reveal the cavities, and this would be a new difficulty if the nature of the expectoration did not indicate immediately and more positively the nature of this cavity.

"I think," says Laennec, speaking of cysts of the liver opening in the bronchi, "that in this case all the phe nomena of pulmonary cavities, I mean the cavernous râle, cavernous respiration and cough, and even the transmission of the voice through the tube of the stethoscope, might manifest themselves in the region of the liver." Laennec had only had once the opportunity of verifying the correctness of this rational diagnosis, which he applied beforehand to all the coughs communicating with the air-passages: Dr. Beaugendre, of Aquimperté, had shown him, in 1821, a lady convalescent of an affection of the chest during which she had expectorated a large number of acephalocysts. There was still some cavernous rhonchus to be heard in the part occupied by the cyst.

As to the stethoscopic phenomena which should be perceived after the expulsion of the hydatids, M. Davaine simply says: "You shall probably hear the bruits proper to the entrance of air into a cavity, or those of pneumothorax, when the cyst shall communicate with the bronchi;" and it is remarkable that in all his rich collection of facts we find but one single case in which some physical signs analogous to those met with in pulmonary cavities are mentioned, and this case is that of Beaugendre and Laennec.

In my own cases the stethoscopic symptoms expected were wanting. In one they were completely absent, and after, as before, the opening of the hydatic bag in the bronchi, auscultation revealed only the decrease or the abolition of the vesicular murmur belonging to chronic pleurisy. In the other the humid rhonchus heard on a level with the large right bronchus during the evacuation of the worms, had nothing characteristic, and was not accompanied by any of the ordinary symptoms of cavities; the absence of the vesicular murmur continued to be the prominent symptom.

It follows from the fact we have just laid out, that, in cases of expectorated hydatids, auscultation sometimes reveals the habitual symptoms of pulmonary cavities, and thus marks out the spot where the rupture of the cyst and the communication with the bronchi has taken place; sometimes, on the contrary, it only gives negative results.

From the absence of the bruits which indicate the presence of a cysto-bronchial fistula, could we not presume that we had here, not an hydatid of the lung, but an extra-pulmonary cyst, either primarily formed in the thoracic cavity, or come from the liver, the fistula being in these cases, and particularly in the latter, narrower, longer, more sinuous, more easily closed, and consequently in conditions less favorable to the production of new acoustic phenomena?

(To be Continued.)

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

STATED MEETING, June 11, 1862.

(Reported by FRANCIS V. WHITE, M.D., Secretary *pro tem.*)

PNEUMONIA AND PLEURISY.

DR. J. LEWIS SMITH presented the lungs of a child, aged 13 months. Wet-nursed. Health previously good. Thin spare habit. Three weeks previous to death, he had convulsions, lasting from 8 A.M. to 5 P.M. with slight intermissions, when they ceased. The symptoms of severe inflammation occurred. Respiration hurried and labored. Cough short and frequent. Pulse accelerated. The usual treatment was adopted. He became more and more prostrated and emaciated, and finally died of exhaustion. During a considerable part of his sickness, his pain was more acute than ordinary in inflammatory diseases of the lungs. He had no convulsions after the first day, but during the last two or three days of his life he rolled his head. He retained consciousness and sight to the last.

Post-mortem.—The contents of the cranium were found normal, with the exception of two or three points of fibrinous deposit, and a moderate opacity of the membranes at the outer portion of the fissure of Silvius on both sides. The left lung was healthy, with the exception of hepatization of posterior portion of its lower lobe, extending about half an inch into the organ. On the right side, the outer surface of the lung, with the exception of a narrow strip along the anterior border, was adherent to the ribs. Soft fibrous deposit of a quarter inch in thickness. No pleurisy at the base of the lung, nor upon the surface adjoining the mediastinum. The pleuritic effusion under the microscope consisted entirely of fibrine, no pus cells being seen. There was the appearance of pus. Under the large part of this exudation was healthy, and there was but a moderate amount of hepatization in the posterior part of the lung. The hepatized portions under the microscope disclosed numerous oil globules. Mucous membrane of the bronchial tubes was moderately inflamed. Abdominal organs healthy. *Points of interest*—The extensive amount of the pleuritic effusion. Whether the pleurisy in the case should be considered primary? The pleurisy being in excess, rendering it probable.

REMOVAL OF FATTY TUMOR.

DR. POST presented a fatty tumor, removed from the acromial region of a female, aged 38 years. Its enucleation was not as readily accomplished as is usual, on account of the depth of its interlobular spaces, and the toughness of the areolar tissue. It was of eight years' growth. There was nothing further of note in the case, except that she was mother of an infant of two months, and also would not avail herself of anæsthesia in the operation. There was not much hæmorrhage.

SIMPLE HYPERTROPHY OF THE HEART.

Dr. Austin Flint presented a specimen of simple hypertrophy of the heart, for which, he stated his indebtedness to Dr. Dudley of Brooklyn. The history of the case as obtained from Dr. Dudley was as follows :—A young man aged 23 years, having always had good health, left his home in Brooklyn directly after breakfast, to walk to the ferry on his way to his place of business in New York. He was observed to stagger and fall, and died before he could be removed to a a station-house near at hand.

The post-mortem examination was made by Dr. Gilfillan of Brooklyn, eight hours after death. The face was turgid and livid, blood oozed from the nostrils and both ears. The incision through the scalp and the removal of the calvaria occasioned profuse bleeding. The vessels of the superficies of the brain were excessively engorged. No extravasation of blood, no abnormal accumulation of liquid in the cavities. The brain substance was everywhere firm and not abnormally vascular. The lungs were healthy. The abdominal viscera were considerably congested; otherwise healthy. The kidneys were of the normal size and presented a healthy appearance. The heart is a fine specimen of simple hypertrophy. Its weight is 15¼ oz. The left ventricle at the base measured by Dr. Gilfillan was found to be 1⅝ inches in thickness, and at the apex ⅞ inches. The right ventricle measured ⅝ inches. The cavities were not increased in size. The aortic valves were found to be sufficient by the water test. The mitral valves were apparently sufficient, nothing abnormal being perceived but a few small atheromatous spots. The other valves were normal together with all the orifices.

The points of interest in the case were considered to be, *First*, The existence of such an amount of hypertrophy without enlargement of the cavities and without valvular lesions in a young subject. *Second*, The absence of any symptoms during life which pointed to cardiac disease. The person had always had excellent health, was able to take active exercise without deficiency of breath or palpitation. Dr. Dudley had known him from boyhood, and he had always been apparently in perfect health. During the past winter he was accustomed to skate without inconvenience. *Third*. The occurrence of sudden death. Dr. F. supposed the immediate cause of death to be apoplexy from cerebral congestion. How far the hypertrophy of the heart may have contributed to the engorgement of the vessels of the brain, he was not prepared to say. In this connexion it was to be stated that the young man had been for some time under mental excitement consequent upon his entering into a new business arrangement, and on the day of his death he was for the first time to take upon himself the new duties. In view of the youth of the patient, Dr. F. was inclined to think that hypertrophy existed in the case as a congenital affection. There was no atheromatous deposit about the brain.

Dr. Sands then related a case of sudden death occurring in Bellevue Hospital when he was interne. The patient, a man, had been admitted previous to the night visit; on examination, found nothing urgent, gave him a Dover's powder for the night. During the night was called to him, and found him dead. The nurse stated that the patient, being previously comfortable, was suddenly seized with difficulty of respiration, tore his clothing violently from the neck, became blue in the face, and expired in about five minutes from the commencement of the attack. The autopsy revealed the existence of a small amount of consolidation at the apex of the right lung, which was the only lesion noticed. The larynx and trachea were carefully examined, but beyond a moderate injection of the blood-vessels in the mucous membrane of the former organ, the parts were in a perfectly normal condition. In the absence of any satisfactory physical explanation of the cause of death, it was his conjecture that this might have been due to spasm of the glottis.

Dr. Post inquired, if the superficial effusion was sufficient cause of death?

Dr. Flint answered affirmatively, and related a similar case in his practice.

Dr. Finnell stated that he had frequently made autopsies for Coroners, of persons found dead in bed, and had found congestion of the brain and simple hypertrophy of the heart. He, in these cases, gave as the cause of death, the congestion of the brain. He did not think that simple hypertrophy was a sufficient cause of death.

American Medical Times.

SATURDAY, SEPTEMBER 27, 1862.

THE EFFECTS OF THE WAR UPON THE MEDICAL PROFESSION.

The commencement of the preliminary term in our various medical colleges naturally enough leads us not only to take a prospective but also a retrospective view of the effects of the war upon the medical profession. The demand which has been made on the profession during the present contest has been so great that we have now in the field almost an army of surgeons by themselves. Now it is but fair to admit that the absence of this large number of professional men from their respective spheres of duty must certainly be felt by the public at large. There is not a single community, however small, which perhaps has not suffered from it, and which does not call for the filling of a vacancy left by some practitioner. And notwithstanding so many have gone to the field, the want of surgeons is still felt for the charge of the vast number of recruits which are now being mustered under the last call of the President. This continual need for surgical services must, in a measure, be supplied; and, if the law of political economy be true with reference to the relation between demand and supply, we may expect to look for a large number of recruits to our ranks. The number of students should be increased and our colleges should be crowded. Already, evidences are not wanting to show that the inducements which government holds out to young medical men to enter the army are duly appreciated. In fact we know of very many who, upon the supposition that the war is to last for a long time, are willing to commence the study of medicine almost with the sole view of entering the army.

Every young practitioner, who is dependent upon his own exertions, has very often a very hard struggle for a livelihood, and it is doubtless the knowledge of this fact which keeps many from starting out in the pursuit of a profession which they dearly love. At this time, however, this objection is removed; a young man, if he be found competent, can obtain a position at once in the army, and receive a very substantial salary. This must have its effect upon many of our students of medicine who have barely the means to procure for themselves an education, and will doubtless be the turning-point in the career of many a future distinguished practitioner. A noticeable effect which the war has had upon the profession as a body is the great impetus which it has given to study. The institution of strict examinations as proofs of competency has exacted it of every one who desired to enter the service. This has been especially the case with those who had not been in the habit of study, or who were, in a word, Routinists.

With all general practitioners, however, the text-books have been freely called in requisition, operations have been rehearsed, dissections made, and the knowledge of military surgery has become an acknowledged necessity. Altogether the work has been an earnest one. Can any one fail to see in this a certain elevation of the tone of the profession? We may well be proud of the amount of actual knowledge possessed by us as a body, compared with what it would have been had no necessity called forth our sleeping energies. The chances for the practice of surgery have been unequalled, and it has been the pride of every surgeon to make the best of such advantages.

Another effect of the war has been to reduce to its proper level the practice of homœopathy. Rampant for distinction and loud in the demands for justice, the followers of this system of quackery earnestly sought recognition by the government and a place in the army, and at one time it did almost seem, through the strenuous exertions of certain unprincipled politicians, that their request would be granted. But in the discussion of the matter a fair comparison was made between the results of the two systems of practice by actual statistics, and we have seen the result. The authorities have performed the solemn duty which they owed to our soldiers, and the regular system of practice triumphantly takes its stand as the only one legitimately under the patronage of the government. The significance of this fact has not been lost upon the community at large, and has doubtless tended more to crush out the claims which the charlatans have urged for favor than anything else which could have been done. A rather surprising effect of this decision of the government has been apparent in the decrease in numbers of this class of practitioners. It being a regulation that none but regular practitioners are eligible for examination, very many of the homœopathists have been tempted to turn heretics to their faith in the hope of obtaining positions.

As the war lasts, and as larger numbers of our profession become actively engaged upon the field, we may hope to raise the standard of professional attainments still higher, and when it shall have ended we can count at least one thoroughly competent surgeon to each little town of the Union. Very many of our older practitioners needed brushing up, our distinguished surgeons increased opportunities, and our younger men occupation and remuneration. The war has supplied all these wants.

THE WEEK.

The New York Pathological Society, after a vacation of two months, has resumed its regular meetings, and we are again able to continue the publication of its proceedings. Though somewhat behindhand in the matter of dates we have endeavored to have the report of each meeting appear as soon as it has been approved. It will be remembered that this body have agreed to publish all their official reports in this journal, and that it has been their intention, in time, to issue a separate volume of Transactions. This work has been fairly commenced, and though a considerable time must necessarily elapse before it is completed, we can, when that time comes, promise for it a warm reception by the profession. The promptness with which the task of preparation has been accomplished reflects the highest credit upon the gentlemen composing the committee of publication.

The *British Medical Journal* thus comments upon the subject of gratuitous medical services. The topic is one which should justly claim the attention of the whole profession.

"We have so often expressed a most unqualified opinion on this subject, that we need hardly say how fully our sympathies and convictions go with him in this matter. We do verily believe that, if any assemblage of our profession would give themselves up to a full, a deep consideration of this subject, the large majority composing it would infallibly be driven to the conclusion that there is no one cause more powerfully operative in degrading and injuring our profession than the system of gratuitous medical services. The arguments against the system are, to us at least, overwhelming; and we can most truly say that we have yet to learn one single argument, worthy of the name, which can be adduced in favor of it. The mischiefs resulting from this cheapening of medical services are not merely direct, and confined to the pecuniary loss immediately involved, but they reach far and wide, and can be traced, by those who will carefully investigate the matter, injuriously operating in directions where *primâ facie* they seem to have no connexion.

"Regarded from our point of view, the system of gratuitous medical services is a system which benefits the few, and seriously damages the profession at large. It degrades us in the eyes of the public; and lessens in their esteem the value of our services. The public take us at our own valuation. It is founded on an injustice and an absurdity—on the iniquity of a laborer laboring without a laborer's due reward. A very large amount of these services is, admittedly, rendered by us on the purest principle of selfishness; we throw them out as sprats, for the purpose of catching mackerel. But, not to argue the question in all its fulness at the present moment, we will content ourselves with throwing out one question for the serious consideration of those who think the system a good, a great, a useful, and an honorable one to the profession. We would ask: If gratuitous services are all you say of them, surely you will admit that there must be some kind of limit to them, some line drawn where they should cease. The warmest admirer of gratuitous services will not, we are sure, venture to say that these services may not, under certain circumstances, become very wrong and improper—injurious alike to him who gives as well as to him who receives them. Now, we would ask: Is there a man in the profession who does not know, who is not ready to admit, that a large amount of such services are daily being thus improperly—we mean, *improperly* even in the eyes of those who approve of properly given services—given to the public? We are sure no one of us will deny this. Then, such being the case, it follows that every member of the profession—including those who approve of *proper*, and those who reprobate gratuitous medical services altogether—is agreed in this, that a large amount of gratuitous work is done improperly by the profession: therefore, that even those who approve of the rendering of a certain amount of gratuitous services, ought, by their own showing, to join in the work of *distinguishing* the evil."

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The city of San Francisco has subscribed the sum of $100,000 for the use of the Sanitary Commission. At no time could such a magnificent donation be better timed, and in no better channel could it be thrown for doing the greatest amount of good to our soldiers. Money and other necessaries are being largely offered from both public and private sources, but there is no danger that the supply will be too great. It is truly encouraging to see how willingly and readily the public at large respond to the wants of the Commission. It proves in a substantial manner the confidence they have in the integrity and administrative ability of the body.

Correspondence.

PUBLIC DRINKING-FOUNTAINS, AS MEMORIALS.

[To the Editor of the American Medical Times.]

Sir:—Few men have attained to a more just celebrity than the late Surgeon-General of Ireland, Sir Philip Crampton. His name is associated with most of the recent public sanitary improvements in the metropolis of Ireland. Last week a fitting memorial was erected to his memory in Dublin, in the shape of a very handsome drinking fountain. The Earl of Howth, as the representative of the contributors to the fund, handed it over to the Lord Mayor and Corporation for the benefit of the citizens. The following appropriate inscription (*London Lancet*), by Lord Carlisle, is placed upon it:—

"1862.—This fountain has been placed here, a type of health and usefulness, by the friends and admirers of Sir Philip Crampton, Bart., Surgeon-General to her Majesty's Forces. It but feebly represents the sparkle of his genial fancy, the depth of his calm sagacity, the clearness of his spotless honour, the flow of his boundless benevolence."

The *Lancet* adds: "Exception has been taken to the propriety of the memorial by some members of the public press; but we are at a loss to discover on what grounds their opinion has been formed."

Fitting memorial! Would that some thousands, which do not serve to beautify Greenwood, had been expended as wisely. The stone and the marble would then have been most usefully elaborated, and the names of the dead, in many instances very deserving of memory, held in grateful and constant remembrance. Though language less adulatory than the monumental inscription above quoted, would fitly commemorate a greater than Crampton, the New York public would gladly excuse an inscription of like character upon any similar monument in our thoroughfares where thirst could be assuaged.

A few years since, at the suggestion of one of our profession, public provision was made for supplying the thirsty. Some cast-iron pillars were placed in connexion with the Croton here and there at considerable expense. Originally devoid of beauty, and now indifferently cared for, their existence even is known to but few citizens, and they are resorted to only in desperation.

Within a brief period, the London *Illustrated News* has furnished many pictures of public drinking fountains erected in thronged places at great expense and as beautiful as art could devise. This has generally been done by public-spirited and benevolent persons; and so much importance has been attached to these enterprises that their completion and transfer to the public has been the occasion of imposing ceremony.

There is one spot in this city about which the recollections of the good and the learned will frequently linger. No. 1 Bond Street, now devoted to municipal charities, is to many classic ground. If the friends and admirers of him who made the locality interesting, would follow the example of Crampton's friends, how beautifully, appropriately, and usefully would the name of Dr. Francis live among us and our children. Eminently useful in promoting sanitary measures for the good of his native city, his name should not be allowed to pass soon from our memories. What more effectual means could be adopted to secure its preservation, and lasting good from his example, than to place near where he daily walked a beautiful and well kept drinking fountain upon which should be written his name and virtues. Indirectly, he would long continue to do good to mankind—his delight while living. The poor would bless his name, as did their progenitors; and many who now resort to the dram-shop as the only place to allay their thirst, and there drink poisonous compounds, would thankfully drink their cup of cold water.

E. E—.

New York, Sept. 16, 1862.

FOREIGN MEDICAL INTELLIGENCE.

Since the blast of King James against tobacco, it is such a novelty to hear anything said or written in extenuation of its use, that I cannot refrain from reporting the following commendatory and hopeful notice of this much used and abused plant. While M. Beau proscribes the baneful weed under pain of some horrible chest-affection, another doctor calls loudly for the suffrages of the Academy of Sciences in order that a tobacco-shop may be established in every school or college in the land of France. The measure would, without doubt, be welcomed by the *concierges*, and well patronized by the students of the said establishment. But I must not speak irreverentially of the matter, for the author is a man of note, since he is a member of the *conseil general*. It is M. Demeaux, so well known for his recommendation of coal-tar for the disinfection of ulcers. Now M. Demeaux has discovered that the unrestrained usage of tobacco would disinfect society of an ulcer physical and moral, much graver and more extended than all the sores in the sea of surgery, the sore of onanism. He has proved in statistics gathered from his very extensive practice, that during the last twelve years onanism has decreased in a most notable manner; he has proven besides, a proportional improvement in the general health of the male population. Evidence of this, results not alone from his own observation, but from the statements of the *conseil de revision* for military service. The number of young men good for service, has gradually increased for the same number of years. It is to the usage of tobacco that M. Demeaux ascribes the honor of this diminution of onanism and the general amelioration of the public health; and it is as consequence to these premises that he prays of the Academy to sanction tobacco-smoking in boarding-schools, colleges, and in all places where severer masturbators are likely to be.

M. Rayer finds the syllogism of M. Demeaux very bad; he can see no connexion between the two things of which it is the question.

M. Flourens remarks, that it is prohibited more than ever to smoke in boarding-schools: he sees in this habit a *certain* for a very *uncertain* result.

M. Velpeau finds himself overcome by the singularity of M. Demeaux's proposition, and only begs that his opinion will not be solicited.

M. Dumas says: Why attribute the improvement in humanity to tobacco rather than to sugar, meats, or wines, the consumption of which has augmented quite as largely as that of tobacco?

The *prestige* which M. Demeaux has so honorably gained for other inventions, has not saved him in this his latest, from the significant apathy of his colleagues. They have set him out in the cold; and I should array my pen against such insult, did M. Demeaux only explain how the smoking of tobacco cures onanism. He prescribes a remedy, tells the benign result, but makes no allusion to the *modus operandi* whereby this result arrives. Does evil cure evil, will the fusion of two vices be beneficent, or does smoking act on man as catnip on cats, antiphrodisiac?

The following new treatment of the bite of a rabid dog, is to be credited to Dr. Nicole, *Chirurgien de l'Hospice d'Elbeuf*:—For the cauterization by *fer rouge*, for the suction and the cupping which have been long advised to destroy or remove the virus from the bite, he proposes to substitute another method prompter of execution, less painful, less repugnant, and more efficacious. It is just simply to introduce in the wound the nozzle of a small syringe and make liberal suction. In this manner the virus is taken up with blood, and after cleansing carefully the syringe inject a strong solution of caustic. A cupping instrument is not always at hand, and is not applicable to every part, but the syringe is ever to be found, and has the advantage of being more *searching* after the virus by reason of its penetrating to the bottom of each indentation left by the animal's teeth.

Cygnet.

FOREIGN CORRESPONDENCE.

LETTER XII.

By PROF. CHARLES A. LEE.

VENTNOR, ISLE OF WIGHT, July 22, 1862.

MANY years ago I read the excellent work of Sir James Clark, "On the Influence of Climate in the Prevention and Cure of Disease," and in that work I remember that this region, called the "*Undercliff*," was especially recommended, as affording a favorable climate for persons laboring under, or predisposed to, pulmonary affections. At that time, this place, now so crammed with beautiful villas, contained only about half a dozen humble cottages, inhabited by poor fishermen; now it is the capital of the Undercliff, crowded with hotels, churches, shops, cottages, and villas, built in every conceivable style, and filling every nook and corner where it is possible to place a building. Sir James spoke of it as one of the most picturesque spots along the coast, as it undoubtedly is; huge hills towering up many hundred feet behind it, while the platform, on which it began to be built, is broken up into several uneven terraces; the ground running in smooth slopes down to the broad, smooth beach, mingled, however, with steep, abrupt banks of rock, down which a brawling rivulet hastens on its journey to the sea.

The region which goes under the name of Undercliff, extends about seven miles on the south shore of the island, from Blackgang to Dunnose, consisting of a platform varying from half a mile to a quarter of a mile in width, bounded on the south by the undulating bays and promontories of the channel, and on the north by a perpendicular wall of grey rocks, which form the buttress to a range of downs, from three to eight hundred feet high, covered with luxuriant grass, and pastured by innumerable sheep.

We have here all the constituents of a beautiful landscape —rich vegetation, elevated hills, secluded and romantic dells, and ever varying ocean; but we have also a climate differing essentially from that of England, the temperature during winter being much more moderate and uniform than can be found in any part of Great Britain during the same season. Its situation protects it completely from the north and northeasterly winds, and hence the whole region, from Luccomb Chine to Chale, is peopled with visitors every fall and winter, chiefly from England and Scotland, though some from the United States and the northern parts of Europe. There seems to be but one opinion among those who have spent the colder months in this region, that the climate is on the whole very favorable, and the neighborhood most agreeable to the invalid. Here there is every temptation to take exercise in the open air, for beauty meets the eye on every hand—here, where the green slopes sink deep into bays and valleys, opening like a theatre to the sun and the sea; here presenting a terrace of low land at their feet, which stretches under the shelter of that high perpendicular wall, like a rich garden plot all roughened over with masses of rock fallen in distant ages, and overshadowed with thickets of myrtle, roses, geraniums, heucheras, fuchsias, etc., which all grow wild in great luxuriance and profusion, and need no protection during the coldest seasons. Thorns, chestnuts, and ash trees are abundant; the jagged cliffs are covered with ivy; and primroses, cowslips, and hyacinths, are thickly scattered over the well watered glades. I must not, however, dwell on the beauties of the landscape here presented, which have been pointed out by so many writers, but limit myself to some few observations in regard to the supposed advantages it presents to the pulmonary invaild. Sir James Clark, if I rightly remember (not having his work at hand), represents the climate of Torquay, on the English coast, as softer, more humid, and relaxing, while that of the Undercliff is drier, somewhat sharper, and more bracing. In general, perhaps, this description will hold true, but it is very evident from the location of the Undercliff, as may be seen on a map, that this region is pretty fully exposed to the cold, damp, easterly winds, which come down the Channel, and that it cannot be exempt from those sudden atmospheric changes so frequently experienced on the neighboring coast. One disadvantage it must always labor under, which I witnessed and experienced myself, and that is, the excessive dampness occasioned by a condensation of the vapors brought by the northerly and westerly winds, which, striking upon the lofty mountainous downs, roll their thick vapors down the cliffs, saturating everything in doors and out, as if immersed in a vapor-bath. Leaving Ryde in the morning, in the latter part of July, the thermometer standing about 60°, and the wind blowing fresh from the northwest, I had no sooner reached the vicinity of the downs and the Undercliff, than the vapors began to roll down the hill like an impenetrable mist, saturating my clothes with wet as if exposed to a heavy rain, and indeed it was often impossible to say whether it was mist or a fine shower; it, however, terminated in a continuous, undoubted rain, of some hours' duration, while the distant coasts of Hampshire and Sussex were doubtless enjoying a clear, sunny day. Further inquiry satisfied me fully that my surmises, thus originating, were correct, and that with all its other favoring influences, the Undercliff must suffer more or less from atmospheric changes, if not perpetual damp. A lover of the hydropathic system would be delighted with Ventnor, etc., for he would always have his *wet sheets* without extra trouble, and a cold vapor bath any time by removing the dress. Visitors, of whom I have made inquiry, all testify to the great dampness of the climate on the southern shores of the island; and one gentleman at Southampton told me he never stayed over night at Ventnor without taking cold from sleeping in damp sheets. Now, I am not able to say how great a drawback this feature in the climate of this favorite resort may be, in pulmonary cases, but I apprehend that in true tuberculosis a drier atmosphere would be more favorable. In purely bronchial affections, however, there can be little doubt that such a climate would exert a more favorable influence than one containing less moisture. The soothing, relaxing effects of a moist atmosphere in such cases, is well known; while in tubereular phthisis, the progress of the disease would be probably hastened. The fact that a temperature of 54° F. was experienced on the 22d of July, while a greatcoat and fires were essential for comfort, proves that during the winter solstice the atmospheric conditions here may sometimes be such as the invalid would be glad to exchange for some others of a different kind. I will, however, perhaps resume this subject, and present more positive data.

VICHY, FRANCE, Aug. 21, 1862.

WHILE our good friend Hanbury Smith is dealing his excellent artificial Vichy water from his two perpetual fountains in Broadway and the Fifth Avenue, let me dip my pitcher into the original source and catch the bubbles as they rise to the surface. Before doing this, however, let us take a brief survey of matters connected with the mineral waters of France in general.

There is no country in the world where mineral waters are held in higher estimation than in France. This is shown by the fact, that the preservation and management of all the important mineral springs are under the direct control of the government, and form a distinct bureau under the minister of agriculture, commerce, and public works. They are now under the immediate charge of M. NANTA, Chief of the Division of Mines and Manufactories. He is aided by a *Consulting Hygienic Committee* consisting of nine members, of which M. RAYER, Dean of the Faculty of Medicine and Physician in ordinary to the Emperor, is president. Thirteen other physicians of eminence are designated by government to aid in the deliberations and consultations relating to mineral waters; and their names are annually published in connexion with the other officers of State. Besides this, the *Imperial Academy of Medicine* has a permanent standing committee on mineral waters, consisting of six of its most distinguished members, besides a leading chemist. Besides these, there is an *Army Council of Health*

under the minister of war, who have a voice also in regard to the use of mineral waters: of this, M. VAILLANT is President and Medical Inspector.

The Government, moreover, to show its faith by its works, has established nine Thermal Military Hospitals, viz. at Vichy; Bourbonne-les-Bains; Bareges; Amelie-les-Bains; Bourbon-l'Archambault; Plombieres; Guano (Corsica); Hamman-Mezkhoutine (Algiers), and Bains de la Reine (Algiers):—To these hospitals, both officers and soldiers, laboring under certain kinds of chronic disease, are sent by the Government until cured, or death has relieved them of their sufferings. Resident medical inspectors and adjunct inspectors are appointed also to all the important mineral springs of France. Besides, there are physicians resident at Paris, whose chief office is to prescribe what mineral waters are best suited to individual cases; these now number forty-seven, besides ten chemists specially devoted to the analysis of these waters. These statements are, perhaps, sufficient to show in what estimation mineral springs are held in France. I may add, however, that in 1861, a prize was offered of one thousand francs for the best work on mineral waters; and the French Academy of Medicine, at a special sitting, awarded it to Dr. Durand-Fardel, whose work is now a leading authority on the subject; nine silver or bronze medals were also awarded to other writers, and honorable mention made of four more. An Annual of mineral waters and marine baths is also published at the commencement of every year, and has a large circulation.

Public opinion, in France, is opposed to factitious and artificial mineral waters, and they, consequently, have but a very limited sale; if, indeed, they are sold at all. The Academy of Medicine has, indeed, on application, expressed an opinion favorable to lemonade impregnated with carbonic acid gas, but at the same time directed, that if made in leaden or copper vessels, the surface should be well guarded by a thick coating of tin. This is the nearest this learned body has ever come, to giving its sanction to artificial mineral waters. The *Society of Hydrology* of Paris met some time ago to deliberate specially on this subject, but I believe came to no positive conclusion. The immense quantities of the natural Vichy water consumed throughout France, as well as of the natural salts prepared from the water, show conclusively the estimate placed upon these natural products over any artificial productions that could be made.

The view taken of this subject by the leading French chemists is far more rational than one might be led to expect. In their view, Chemistry seems to hold the same relation to mineral waters as anatomy does to the human body; it reveals something—not all. They believe that it is essential to study their special action on the living economy. Every mineral water is regarded *as a centre of force*, only when studied and learned by the phenomena manifested under its use, and not by the organic elements simply, that enter into its composition. This is certainly the only rational view, for there may be agents so minute or so combined as to escape the analytic skill of the chemist, but which exert a decided influence over the vital properties. It is therefore impossible ever to form an artificial mineral water identical in composition or effects with that which is imitated. Its demerits and its therapeutical properties may be analogous; they can never be identical. They are not, however, without their use, where the natural waters cannot be had. Nevertheless, it must be admitted, that intelligent persons who resort to mineral springs are mainly guided in their choice by a consideration of the principal elements that enter into their composition; and this is the principal office of physicians who reside at such watering places. They prescribe not simply the water, but the substances it contains; nothing is certainly more important than this knowledge except their physiological action. I certainly cannot say with the celebrated Bergmann, that to know the chemical composition of a mineral water is to anticipate experience; most medical writers on the subject state that, in the treatment of diseases, the virtues of mineral waters bear a direct relation to the known elements entering into their composition; yet, it must be admitted that they often have a contrary effect to what was anticipated, and that the only certain test of what they will effect is actual experience, and ample trial. In short, as Prof. Paine has so conclusively shown, the body is not simply a chemical laboratory, but a living organism whose vital forces contain chemical elements and chemical affinities, but are never, till death, controlled by them.

There are, in all France, one hundred and sixty-five mineral springs of greater or less celebrity; the most important of which, already stated, belong to and are controlled by the Government.

Vichy may undoubtedly be placed at the head of these, if we consider the reputation it enjoys, and the number of invalids who annually resort hither to make trial of its waters. The Emperor may be said to have taken it under his especial patronage, as the Empress has that of *Eaux-Bonnes*, for he occasionally takes up his residence at Vichy in July, and protracts his stay till late in August, or rather, till the great national fête of the 16th of the mouth. It is well known that he has been somewhat of an invalid for several years past, and it is generally believed that he finds the use of the waters extremely beneficial. Some idea may be formed of the popularity of the waters, when I state, that up to the 15th of September, 1861, 16,440 strangers had visited the place, and up to the 20th of August of the present year, 15,483 patients had registered their names, besides 1324 servants who accompanied them. These, as the register shows, came from every country in Europe, and a considerable number from North and South America, and the West Indies. There can be no doubt that some fashionables are attracted hither by the presence of the Emperor, but the vast majority to try the medicinal effects of the waters.

There is nothing attractive in the appearance or situation of Vichy; it is a hot, dusty place, far more so than our Saratoga, while its surroundings are far less agreeable. It consists of the old and new town; the streets of the former narrow and irregular, while the houses are mean and ugly, but the new portion is better laid out, though still without much order or regularity, the houses being built of the same light-colored sandstone which is universally used all over France. It lies on the left bank of the Allier, a moderate-sized river, in summer occupying a tenth part of its ordinary channel; nine hours by express train from Paris on the Orleans line of railway.—There are numerous *grand* hotels; everything is grand in France; even the principal spring here goes under the name of *Grande-Grille!* The price of board, including rooms and the use of the salon, is from one to three dollars or more per day, according to extent of accommodations. A patient, however, as at our own watering-places, can adapt his expenses to his means. All the hotels have a *table d'hôte*, but the patient can resort to a restaurant, and thus live at less than half the expense. There are some establishments chiefly patronized by the fashionable, who resort hither for gambling or amusement, such as the hotels Guillermin, de Paris, Germot, &c. Lodgings generally have to be secured in advance; one-half the residents seem to be in the confectionery line, for their shops are filled with pastilles and sugar plums, made of Vichy salts, sugar, and flour, or gum and "*sucre d'orge*," a "digestif alcalin," very much in vogue.

The springs, nine in number, were first taken possession of by Napoleon I. in 1810, who opened a park, and authorized the acquisition of the necessary land. The large establishment was erected in 1820, but it was not till 1845 that the government took entire control of the waters. The second thermal building was erected in 1858. These are large and commodious, and display considerable architectural taste. These are 306 bath rooms, and 39 separate rooms for *douche* baths, which seem to be greatly in vogue. In 1853 the government sold 100,520 bath tickets, and sent

out 361,000 bottles of the water. In 1857, 170,405 tickets were given out, including 27,000 gratuitous, and 700,000 bottles of water sold; in 1861, 280,000 bath tickets sold, and 1,250,000 bottles of water sent out and sold, and all this in addition to the immense quantity of the dry salts, extracted from the waters, and the *pastilles*, made for the government from the same salts, and distributed over the kingdom. Thus it will appear that these mineral waters are a source of no small revenue to the government, and are annually becoming more and more profitable. The presence of the Emperor and the increasing pecuniary value of the waters has given quite a spur to improvements recently; manifested by the formation of a new park and ornamental grounds on the banks of the Allier, the construction of a new suspension bridge, the exterior of the railroad from St. Germain des Trosses to Vichy, and the erection of many handsome seats and villas in the neighborhood. I visited the large establishment for extraction of the natural salts, which is in charge of a special agent appointed by government, and every precaution is taken to prevent fraud by adulteration or substitution, and the same of the water sent out in bottles. So extensive is this distribution, that there is scarcely any part of the world where the natural Vichy water, or its salts, cannot be had.

The remedial properties must be reserved for my next letter.

Army Medical Intelligence.

REPORT OF THE SEVENTY-FIFTH REGIMENT N. Y. S. VOLUNTEERS.

CAMP ARNOLD, PENSACOLA, FLORIDA,
August 1st, 1862.

S. OAKLEY VANDERPOEL, M. D.,
Surgeon-General, S. N. Y.

DEAR SIR:—I transmit herewith an abstract of the report of sick and wounded of this command, for the month ending July 31st, 1862. The health of the regiment is as good as at any time since it has been in the service. The diseases were principally remittent fever, diarrhœa, and dysentery, of mild type, and readily amenable to simple treatment. There are no indications of any form of malignant fever, and as the season is so far advanced, we hope to escape all trouble in that direction.

We are a little afflicted with *nostalgia*, owing principally to the length of time intervening between the reception of mails from the North, and the lack of more active service to break the monotony of camp life.

I have the honor to remain, very respectfully,
Your obedient servant,
M. D. BENEDICT,
Surgeon 75th N. Y. Vols.

Abstract of report of the sick and wounded of the 75th regiment N. Y. Vols., for the month ending July 31st, 1862:—Remaining at last report, sick, 30; convalescent, 7; taken sick during the month, 148=185. Returned to duty, 147; on furlough, 3; died, 1; remaining sick, 20; convalescent, 14=185.

The fatal case was that of a new recruit of company K, who had been here but a short time; and the disease causing death was produced by very gross imprudence in diet.

Abstract of report of sick and wounded of the 75th regiment N. Y. Vols., for the month of June, 1862, at Camp Arnold, Pensacola, Florida:—Remaining at last report sick, 17; convalescent, 4; taken sick during the month, 92 =113. Returned to duty, 73; discharged, 3; remaining sick, 30; convalescent, 7=113.

For the quarter ending June 30th, 1862:—Remaining at last report, sick, 47; convalescent, 4; taken sick during the quarter, 265=316. Returned to duty, 273; discharged, 4; died, 2; remaining sick, 30; convalescent, 7=316. Accidentally drowned while bathing in the surf, 1.

M. D. BENEDICT, *Surgeon, &c.*

Medical News.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The tenth meeting of this association, which adjourned in 1860, in New York, to meet in St. Louis in the following year, was postponed on account of the disturbed state of the country, and, at the suggestion of the Executive Committee and the consent of many members, was invited to meet in the city of Philadelphia at the present time. It accordingly met on the 27th ult. Although, as was to be expected under the circumstances, the attendance of members at large was smaller than usual, the standing officers and committees were fully represented, as were the several Colleges of the Atlantic cities by their delegates. At the close of the third day the Association adjourned to meet again in September next, at the call of the President.—*Bost. Jour.*

The "slip between the cup and the lip" was never more painfully exemplified than in the case of ovariotomy detailed three weeks ago to his *confrères* of the Academy of Medicine of Paris, by M. Nélaton. On Tuesday last this surgeon again mounted the tribune to announce the death of his patient, which occurred on the twenty-first day after the operation, from tetanus. The *Gazette Hebdomadaire*, in commenting upon this singular unhappy termination of what promised to be a brilliant success, winds up with the verdict of "*died cured*," and very properly protests against such a complication as tetanus figuring in the list of *contras*, when the expediency of the operation is called in question.—*Lancet.*

AN AGUE CHARM.—The accompanying charm is so unique, and, I am assured, so immensely potent, that I cannot forbear giving it to suffering humanity through the columns of your Journal. It was given to a friend of mine by a laboring man, who professed to have cured thousands with it. It was in a sealed paper, and was directed "to be worn in the bosom." My friend sacrilegiously broke the seal, and unfortunately the spell at the same time, for it did not cure his ague. The following is a literal copy:—

"Wen Jeasus saw the plais wair he was to be crusey feyed he trembeled then sais the jues hunto him hath though hand hay gue Jeasus saith hunto them hif hainey man ceap these woord he shal never be a trubeled with hay gues nor feavers sow then help this thy survent that puts is trust in the."—*Brit. Jour.*

INFLUENCE OF OZONE.—Dr. Ireland remarks, on the influence of ozone on the health of patients in the hospital of Umballa, Bengal, that on one occasion, when the quantity of ozone showed a marked increase, all the patients recovered; on the contrary, a sudden decrease of ozone was followed by a threefold increase in the number of patients, and the prevalence of rheumatism and influenza.—*Lancet.*

AFFECTIONS OF THE THROAT IN SCOTLAND.—Sore-throat, ulcerated sore-throat, and diphtheria, have occurred in various localities in Scotland, and in Mid and South Yell. The sore-throat appears to have been accompanied with an affection of the hands, which raises the suspicion that sore-throat and diphtheria in the human subject is but a variety of the epidemic disease in cattle known by the name of murrain or epizootic aphtha, characterized by the aphthous and ulcerated mouth and sore hoofs.—*Lancet.*

MEDICAL HONORS.—M. Claude Bernard, Professor of Medicine at the Imperial College of France, and Professor of General Physiology at the Faculty of Sciences of Paris, has been promoted to the rank of Officer of the Legion of Honor.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 15th day of September to the 22d day of September, 1862.

Deaths.—Men, 78; women, 73; boys, 124; girls, 133; total, 408. Adults, 151; children, 257; males, 202; females, 206; colored, 8. Infants under two years of age, 202. Children born of native parents, 15; foreign, 210.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 21; croup, 16; diphtheria, 7; scarlet fever, 1; typhus and typhoid fevers, 21; consumption, 46; small-pox, 3; measles, 8; dropsy of head, 16; infantile marasmus, 41; cholera infantum, 43; inflammation of brain, 12; of bowels, 9; of lungs, 12; bronchitis, 7; congestion of brain, 9; of lungs, 2; erysipelas, 0; diarrhœa and dysentery, 24. 225 deaths occurred from acute diseases, and 37 from violent causes. 286 were native, and 122 foreign; of whom 75 came from Ireland; 32 died in the City Charities; of whom 6 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. 1862	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Humidity Sat'dtion, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	.	.	.	.	.			
15th.	30.14	.10	66	63	70	5	8	W.	7	717
16th.	30.11	.07	64	62	71	7	9	N.E.	9.7	610
17th.	30.10	.04	67	64	70	3	4	N.E to S.E	10	817
18th.	30.04	.16	71	67	76	5	9	S.E.	7.7	720
19th.	30 00	.10	75	67	83	8	16	N.W.	3	584
20th.	30.04	.10	73	66	80	7	10	N.W.	4 7	617
21st.	30.11	.07	71	65	76	10	16	N.W.	.08	540

REMARKS.—15th. Variable, A.M., cloudy, noon; clear, early eve., very light rain at night. 16th. Fresh wind, A.M., cloudy all day. 17th. Light rain A.M., rain at 8 P.M. 18th. Cloudy nearly all day. 19th. Sultry; nearly clear all day. 20th. Sultry; clear A.M., cloudy P.M. 21st. Fine all day; fresh wind middle of the day. Rain for the week one-quarter of an inch; for the previous week one inch and a quarter.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE.—*The subject of Albuminuria having been introduced to the Academy by* DR. ALONZO CLARK, *and published in the Bulletin, will come up for discussion on Wednesday, October 1st, in the following order:—1st. Causation and Pathology of Albuminuria, by* DR. AUSTIN FLINT. *2d. Albuminuria in Connexion with Pregnancy, by* DR. ———. *3d. Effects of Albuminuria on Vision, by* DR. H. D. NOYES. *4th. Therapeutics of Albuminuria, by* DR. J. M. SMITH.

Sent Free by Mail on Receipt of Price.

On Diphtheria. By Edward Headlam Greenhow. 1861. Pp. 160. Price, $1.25.

Our readers will find a very large amount of information in the twelve chapters of which the volume is made up. Perhaps, in the present state of our knowledge on the subject of this obscurely understood disease, little more can be said beyond what may here be found written down.—*London Medical Times and Gazette.*

We have only been able here to refer to certain of the more prominent facts concerning diphtheria; but we believe we have said enough to recommend this well-written treatise to the attention of the profession.—*British Medical Journal.*

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Armand, Histoire Medico-Chirurgicale de la Guerre de Crimée. 8vo. Paris. $2.10.

Baudens.—La Guerre de Crimee, les Campements, les abris, les ambulances, les hopitaux, &c., &c. Second edition, 12mo. Paris, 1858. $1.

Bertheraud. Campagnes de Kabylie. Histoire Medico-Chirurgicale des Expeditions de 1854, 1856, and 1857. 8vo. Paris, 1862. $2.10.

Boudin.—Resumes des dispositions legales et reglementaires qui president aux operations medicales du recrutement, de la reforme et de la retraite dans l'armée de terre. 8vo. Paris. 60 cts.

Boudin.—Systeme des Ambulances des Armées Francaises et Anglaises. 8vo. Paris. $1.00.

Cazalas. Maladies de l'Armee d'Orient. Campagne de 1854-55-56. 8vo. Paris, 1860. $1.50.

Fraser. A Treatise upon Penetrating Wounds of the Chest. 8vo. London, 1859. $2.00.

Guthrie.—Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands. With Additions relating to the War in the Crimea. 8vo. London. $4.65.

Jacquot. Du Typhus de l'Armee d'Orient. 8vo. Paris, 1858. $2.10.

Longmore (T.) A Treatise on Gunshot Wounds. Philadelphia, 1862. 75 cts.

Tripler & Blackman.—Hand-Book for the Military Surgeon. 12mo. Cincinnati. $1.

Notes on the Surgery of the War in the Crimea, with Remarks on the Treatment of Gunshot Wounds. By George H. B. MacLeod, M.D. Philadelphia, 1861. $1.50.

Outlines of Military Surgery. By Sir George Ballingall, M.D. 5th edition, 8vo. London. Price $4.00.

Warlomont. L'Opthalmie Militaire à l'Academie Royale de Medecine en Belgique. 8vo. Bruxelles. $2.40.

Williamson.—Notes on the Wounded from the Mutiny in India. With a Description of the Preparations of Gun-Shot Injuries contained in the Museum at Fort Pitt. 8vo. London. $4.80.

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The Preliminary Term for the Session of 1862-3 will commence on MONDAY, SEPTEMBER 22, and continue four weeks, until the opening of the Regular Term in October.

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A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by.....Prof. Carnochan.
" Gunshot Wounds, by.....Prof. Raphael.
" Pregnancy, by.....Prof. Budd.
" Diseases of the New Born, by.....Prof. Jacobi.
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Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

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